



State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

(614) 466-3934
med.ohio.gov

July 11, 2013

Marcellus JaJuan Gilreath, M.D.
14072 Lorain Avenue, D336
Cleveland, OH 44111

Dear Dr. Gilreath:

This letter is to advise you that on July 10, 2013, the State Medical Board of Ohio ratified your Permanent Surrender of Certificate to Practice Medicine and Surgery. Enclosed please find a copy of your Permanent Surrender of Certificate to Practice Medicine and Surgery for your records.

Should you have any questions concerning this matter, please feel free to call me at (614) 387-0794.

Sincerely,



Barbara A. Jacobs
Senior Executive Staff Attorney

BAJ/jam
Enclosure(s):

CERTIFIED MAIL NO. 91 7199 9991 7032 2897 6897
RETURN RECEIPT REQUESTED

Cc: James M. Johnson, Esq.
CERTIFIED MAIL NO. 91 7199 9991 7032 2897 6903
RETURN RECEIPT REQUESTED

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

:

:

MARCELLUS JAJUAN GILREATH, M.D. :

ENTRY OF ORDER

On July 5, 2013, Marcellus Jajuan Gilreath, M.D., executed a Surrender of his license to practice medicine and surgery in Ohio with consent to permanent revocation, which document is attached hereto and fully incorporated herein.

Wherefore, upon ratification by the Board of the surrender, it is hereby ORDERED that Certificate No. 35-059795 authorizing Marcellus Jajuan Gilreath, M.D., to practice medicine and surgery in the state of Ohio be permanently REVOKED.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 10th day of July 2013, and the original thereof shall be kept with said Journal.

(SEAL)

J. Craig Strafford MD MPH

J. Craig Strafford, M.D., M.P.H.
Secretary

July 10, 2013

Date

STATE MEDICAL BOARD
OF OHIO

STATE OF OHIO
THE STATE MEDICAL BOARD 2013 JUL -9 AM 10:14
PERMANENT SURRENDER OF CERTIFICATE
TO PRACTICE MEDICINE AND SURGERY

Do not sign this agreement without reading it. An individual who permanently surrenders a certificate issued by the Board is forever thereafter ineligible to hold a certificate to practice or to apply to the Board for reinstatement of the certificate or issuance of any new certificate. You are permitted to be accompanied, represented and advised by an attorney, at your own expense, before deciding to sign this voluntary agreement.

I, Marcellus JaJuan Gilreath, M.D., am aware of my rights to representation by counsel, the right of being formally charged and having a formal adjudicative hearing, and do hereby freely execute this document and choose to take the actions described herein.

I, Marcellus JaJuan Gilreath, M.D., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, License #35.059795, to the State Medical Board of Ohio [Board], thereby relinquishing all rights to practice medicine and surgery in Ohio.

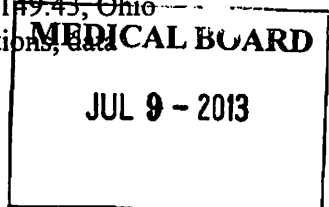
I understand that as a result of the surrender herein I am no longer permitted to practice medicine and surgery in any form or manner in the State of Ohio.

I agree that I shall be ineligible for, and shall not apply for, reinstatement or restoration of certificate to practice medicine and surgery License #35.059795 or issuance of any other certificate pursuant to the authority of the State Medical Board of Ohio, on or after the date of signing this Permanent Surrender of Certificate to Practice Medicine and Surgery. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I hereby authorize the State Medical Board of Ohio to enter upon its Journal an Order permanently revoking my certificate to practice medicine and surgery, License #35.059795, in conjunction with which I expressly waive the provision of Section 4731.22(B), Ohio Revised Code, requiring that six (6) Board Members vote to revoke said certificate, and further expressly and forever waive all rights as set forth in Chapter 119., Ohio Revised Code, including but not limited to my right to counsel, right to a hearing, right to present evidence, right to cross-examine witnesses, and right to appeal the Order of the Board revoking my certificate to practice medicine and surgery.

I, Marcellus JaJuan Gilreath, M.D., hereby release the Board, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

This document shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code. Further, this information may be reported to appropriate organizations, and



Permanent Surrender of Certificate
Marcellus JaJuan Gilreath, M.D.
Page 2 of 2

STATE MEDICAL BOARD
SECRET

2013 JUL -9 AM 10:14

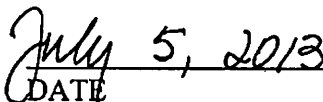
banks and governmental bodies. I, Marcellus JaJuan Gilreath, M.D., acknowledge that my social security number will be used if this information is so reported and agree to provide my social security number to the Board for such purposes.

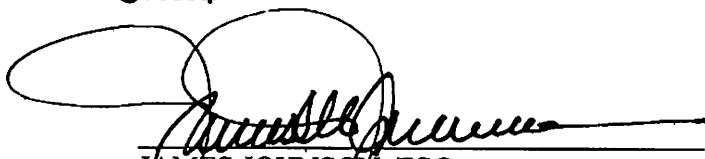
I stipulate and agree that I am taking the action described herein in lieu of further investigation by the Board related to a possible violation of Section 4731.22(B)(19), Ohio Revised Code.

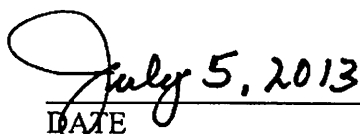
EFFECTIVE DATE


It is expressly understood that this Permanent Surrender of Certificate is subject to ratification by the Board prior to signature by the Secretary and Supervising Member and shall become effective upon the last date of signature below.

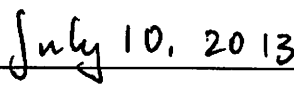

MARCELLUS JAJUAN GILREATH, M.D.



DATE

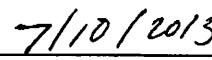

JAMES JOHNSON, ESQ.
Attorney for Dr. Gilreath


DATE

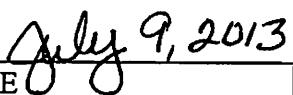

J. CRAIG STRAFFORD, M.D., M.P.H.
Secretary


DATE


MARK A. BECHTEL, M.D.
Supervising Member


DATE


ANGELA M. McNAIR
Enforcement Attorney


DATE

MEDICAL BOARD

JUL 9 - 2013